

# Esthetics Intake Form

## Personal Information

Name \_\_\_\_\_ Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

DOB \_\_\_\_\_ Occupation \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Conditions you are currently experiencing today (Please select all that apply):

- Headache  Inflammation  Muscle Cramps  Anxiety  Fatigue  Insomnia  Stress  Forgetfulness

Which aroma(s) do you prefer? (Please select all that apply)

- Lavender  Citrus  Geranium  Peppermint  Lemongrass  Patchouli  Eucalyptus  Frankincense

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## Esthetics Information

What type of skin do you have?

- Normal  Oily  Dry  Combination

What areas of concern do you have regarding your skin?

- Breakouts/Acne  Blackheads/Whiteheads  Uneven Skin Tone  Sun Damage  
 Excessive Oil/Shine  Wrinkles/Fine Lines  Dull/Dry Skin  Rosacea  
 Broken Capillaries  Redness/Ruddiness  Dehydrated  Sun, Liver, Brown Spots  
 Other: \_\_\_\_\_

Have you been under the care of a dermatologist within the past year?  yes  no

If yes, please explain \_\_\_\_\_

Have you ever had an allergic reaction to any of the following?

- Cosmetics  Medicine  Food  Animals  Sunscreen  Drugs  
 Iodine  Pollen  AHAs  Fragrance  Shellfish  Latex

Other: \_\_\_\_\_

Do you currently or have you used in the last 3 months Retin-A, Renova, AHA's or Retinol/Vitamin A derivative products?

If yes please describe: \_\_\_\_\_

Have you received Botox, Restylane, or Collagen injections in the last 6 months?  yes  no

If yes, please specify: \_\_\_\_\_

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By signing below, you agree to the following:

*I have completed this form to the best of my ability and knowledge and agree to inform the technician of any changes in the above information. I have been informed of and understand the contraindications to the requested treatments and agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liabilities toward my technician and the employer for any injury or damages incurred due to any misrepresentation of my health history.*

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**